

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 10/521025

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT



Filing

\$ 50

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 50

8 TO BE REFUNDED BY:

10 REASON:



Overpayment



Treasury Check

Credit Deposit A/C #:

Duplicate Payment

9 08--0750

No Fee Due (Explanation):

*Rule change - 08 Dec 2004*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE:

*Larry M. Johnson*

TITLE:

*Supervisor*

PHONE:

*703-308-9140*

OFFICE:

*DDO/ED*

*X221*

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*